



## Appropriations Committee Testimony

December 9, 2009

My name is Domenique Thornton. I am the Director of Public Policy for the Mental Health Association of Connecticut, Inc. , a 101 year old private non-profit dedicated to advocacy, public education, and service to persons with serious mental illness. I thank you for the opportunity to offer testimony before the Appropriations Committee as the legislature deliberates the Governor's proposed Mitigation Plan. I believe that the Governor's Plan disproportionately burdens poor people in our state. These are the people who can least afford to bear this burden. Looking at her plan, I estimate that out of the \$16,763,585 of discretionary cuts that are within the Governor's authority, 93% comes from human services. Of the \$116,323,381 that need legislative approval, 63% is human service related. These are the services Connecticut must keep strong and viable if we are to sustain the safety net in these tough times. Last year, Connecticut once again did not keep pace with the rising costs of providing community human services by not including a cost of living increase. The Governor's Mitigation Plan proposes a 2% annual cut to be implemented over the last 5 months of the fiscal year for mental health and substance abuse grants. That translates into a 4.5% cut to private service providers for February through the end of June. As fixed costs increase, private service providers have moved beyond their capacity to bridge the gap between state funding and the cost of providing the services. It is easy to look at human service expenditures as a cost to the state, but those dollars are also support for the state economy as well as to the people they serve. Human service dollars stay in Connecticut to support Connecticut's economy.

With human service dollars, the old adage "Pay now or pay more later." really applies. If a person on Medicaid cannot get glasses, for example, they cannot work, drive, safely cross the street, search the ads for a new apartment, or get back on their feet. For persons with mental illness who cannot get medications under Medicaid, the state might as well prepare for more ambulance calls, emergency room burdens, inpatient beds and less income tax when that individual cannot work. As the system of care becomes weaker, persons with disabilities are more at risk for crisis. Removing the protection for people who are stable on psychiatric medications, imposing co-payments for people on Medicaid and cutting housing funds is a tax on the poor. When SAGA intakes are frozen, many will surely be left out in the cold this winter. Reducing housing supports and services, reducing Young Adult Services (YAS) and delaying their placements, and cutting jail diversion funding will cost the state more because jails, hospitals and emergency rooms are the most costly and least effective way to deliver mental health services. The U.S. healthcare system is considered to lag behind most other developed countries in quality. We compare to the country of Serbia, according to the World Health Organization (WHO). The Governor's plan further weakens the healthcare system for Connecticut citizens, about 750,000 of which already have no health insurance (according to Families USA in 2008). The long term solution to reducing costs is to help people out of poverty, illness and disability. Eliminating or hobbling programs and supports such as employment, transportation, training, illness prevention, etc. that help people improve their lives, keeps them on the treadmill of hopelessness and need. Reductions that destabilize housing are particularly painful to Connecticut's citizens. Without good housing none of us could attend to other needs.

In closing I ask you to consider whether it is rational for the state to propose cost saving measures such as closing jails without jail diversion programs? How can we keep Medicaid costs such as inpatient hospitalization and Emergency Room use down, without access to psychiatric medications and a weakened safety net with no where else to go in crisis? The Mitigation Plan will not save the state money. In fact it loses the state millions of dollars of Medicaid reimbursements by reducing or eliminating human services that are Medicaid eligible to the poor. I ask you to consider better alternatives.

Respectfully submitted,

Domenique Thornton, Esq.